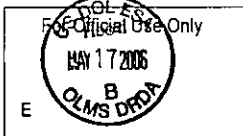


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|--|
| 1. File Number U - 06134 | 2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005 |
| 3. Name and address of person filing. Name Rodney L Diamond P.O. Box, Bldg., Room No., if any Street 630 Shatto Place City Los Angeles State California ZIP Code + 4 90005-1372 | 4. Name, file number, and address of labor organization. Name United Food & Commercial Workers Local 770 Labor Organization File Number 517-385 P.O. Box, Building and Room Number, if any Street 630 Shatto Place City Los Angeles State California ZIP Code + 4 90005-1372 |
| 5. Position in labor organization. Secretary-Treasurer | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

| | | |
|--|-----------|------------------|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed | On 5-9-06 | (213) 487-7070 |
| | Date | Telephone Number |

Name of Person Filing Rodney Diamond

File Number U- 06134

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Columbia Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 600 Montgomery Street

City San Francisco

State California ZIP Code + 4 94111-2702

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name S.C. United Food & Commercial Workers Unions

Trade Name, if any: & Food Employers Joint Trust Funds

P.O. Box, Bldg., Room No., if any P.O. Box 6010

Street 6425 Katella Avenue

City Cypress

State California ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

Investment Manager for Pension Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

9/19/05 - Dinner

9/20/05 - Golf Outing

11/12/05 - Dinner

12.b. Amount.

\$349

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Rodney Diamond

File Number U- 06134

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Blue Cross Of California
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street 21555 Oxnard Street, Mis AC-PC
City Woodland Hills
State California ZIP Code + 4 91367

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name S.C. United Food & Commercial Workers Unions
Trade Name, if any: I& Food Employers Joint Trust Funds
P.O. Box, Bldg., Room No., if any P.O. Box 6010
Street 6425 Katella Avenue
City Cypress
State California ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

Health Care Network Provider for Benefit Trust Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

3/18/05 - Golf Outing
3/16/05 - Dinner
7/2/05 - Golf Outing
8/18/05 - Golf Outing
11/16/05 - Golf Outing
11/16/05 - Lunch

12.b. Amount.

\$377

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.